

UNITED STATES DEPARTMENT OF AGRICULTURE  
**PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL WORKSHEET**  
(Instructions on reverse)

1. Name (Last, First, M.I.)  Position Title	Pay Plan, Series, Grade	Agency/Division	APPRAISAL PERIOD	
			From	To

**2. PERFORMANCE ELEMENT**

No. 1

(Describe below the duty or responsibility for which the employee is accountable and responsible. Indicate if the element is critical or noncritical.)



☐ CRITICAL

☐ NONCRITICAL

**3. STANDARD** (Describe the level expected for "Fully Successful" performance. Include appropriate indicators of quality, quantity, cost efficiency, or timeliness, where applicable.)

**4. ELEMENT RATING** (At the end of the rating period, compare the employee's performance with standard and assign an element rating. For instructions about documentation, see reverse.)



☐ EXCEEDS

☐ FULLY SUCCESSFUL

☐ DOES NOT MEET

**ACCOMPLISHMENTS**

**5. CERTIFICATION OF DEVELOPMENT AND RECEIPT OF PLAN**

Signatures certify discussion with the employee and receipt of plan which reflects current position description.

Employee's Signature	Date
Supervisor's Signature	Date
Reviewer's Signature	Date

**6. PROGRESS REVIEWS** (at least one must be completed)

Employee's Initials and Date		Supervisor's Initials and Date	
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